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***NJDHSS Communicable Disease Service Weekly
Statewide Influenza Activity Summary***

Week Ending October 28, 2005

Influenza level of activity: "NO ACTIVITY"

Influenza testing performed in New Jersey by:

- ◆ The Public Health and Environmental Laboratories (PHEL)*
- ◆ The WHO and NREVSS (National Respiratory and Enteric Virus Surveillance System)* Laboratories from September 20, 2005 to present:
 - Number of influenza A culture confirmed cases: None
 - Number of influenza B culture confirmed cases: One

This is the fifth week of the 2005-06 influenza season in New Jersey. The NJDHSS Communicable Disease Service has not been notified of any influenza outbreak or increased activity in any health care facilities, nursing homes or schools throughout the state. Two weeks ago, one of the two laboratories mentioned above reported the first culture positive influenza case of the season.

Rates of influenza-like illness (ILI) from nursing homes and emergency department visits are 0.84% and 4.91% respectively while the rate for school absenteeism is 4.77%.

Hospital laboratory surveillance for respiratory syncytial virus (often clinically indistinguishable from influenza virus infection) showed only a few positives this week. The monthly RSV summary has been updated. Of the 276 RSV tests performed in the month of October, 48 were positive. We expect a steady rise in both numbers as we move deeper into the season.

A few of the county percentage parameters showed figures well above the total average (see 25Oct05 pdf Table) but should not be interpreted as an increased level of activity since the denominator of reporting entities is very small.

Based on the data collected from the entire ILI Surveillance System, the level of influenza activity in the state of New Jersey is at a "NO ACTIVITY" level this week. This level of activity is comparable with the same period last season.

NJDHSS will continue to assess the burden of severe illness and deaths among the pediatric population in New Jersey for the 2005-2006 flu season and reminds hospitals and health care providers to report cases to the NJDHSS Communicable Disease Service at 609-588-7500.

An influenza-associated death is defined for surveillance purposes as a death resulting from a clinically compatible illness that was confirmed to be influenza by an appropriate laboratory or rapid diagnostic test. There should be no period of complete recovery between the illness and death. Influenza-associated deaths in all persons aged <18 years should be reported.

The Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee has recommended that the 2005-06 trivalent influenza vaccine (TIV) for the United States contain:

- A/New Caledonia/20/99-like (H1N1),
- A/California/7/2004-like (H3N2), and
- B/Shanghai/361/2002-like viruses.

This recommendation was based on antigenic analyses of recently isolated influenza viruses, epidemiological data, and post-vaccination serologic studies in humans.

Based on the latest information from the CDC, Sanofi Pasteur, Inc. will distribute 62 million doses of TIV this season. Sanofi recently reported that 79% of private, and 74% of public customers orders have already been distributed (New Jersey to date has received 70% of their public orders). The remainder of flu vaccine is expected to be available for distribution in early-mid November. Earlier in the season, Chiron Inc. projected production of 18-26 million doses of TIV. However, they are now anticipating that they will fall short of the 18 million doses as a result of continuing internal quality assurance tests that they are conducting. Health care providers who ordered the Chiron flu product from a distributor are advised to call the distributor for more information on anticipated delivery and distributor contingency plans. GlaxoSmithKline (GSK) Inc. whose license application was approved by the Food and Drug Administration on August 3, 2005, produced and distributed 8 million doses of TIV. MedImmune Vaccine Inc., producer of live attenuated influenza vaccine (LAIV), produced approximately 3 million doses.

The DHSS website listing the local health department and other flu clinics is now operational and is available at <http://www.nj.gov/health/flu/>. The public can get information on where flu shots are being given from the website.

Influenza virus infection itself is not a clinical or laboratory reportable disease in New Jersey according to N.J.A.C. 8:57. Accordingly, activity levels must be extrapolated from weekly monitoring activities of healthcare facilities and providers dispersed around the state.

Since the start of the spread of H5N1 avian influenza in Asia, Thailand has confirmed 18 cases, of which 13 were fatal. Indonesia has reported 7 human cases;

four of these cases were also fatal. Human-to-human transmission of the H5N1 virus is considered unlikely, since epidemiological investigations uncovered exposure to infected poultry as the likely source of infection in reported cases.

WHO advises countries experiencing outbreaks in poultry to follow certain precautions, particularly during culling operations, and to monitor persons with a possible exposure history for fever or respiratory symptoms. The early symptoms of H5N1 infection mimic those of many other common respiratory illnesses. For more information go to <http://www.who.int/csr/disease/influenza/en/>

The NJDHSS Communicable Disease Service currently advises that travelers to countries in Asia with known outbreaks of influenza A (H5N1) should avoid poultry farms, contact with animals in live food markets, and any surfaces that appear to be contaminated with feces from poultry or other animal.

All healthcare providers in the state of New Jersey should strictly implement the universal respiratory precautions when attending to suspected cases, and report all suspected cases to the NJDHSS Communicable Disease Service.

*The laboratories conduct testing of pre-season isolates and the first isolates of the season. These isolates can provide information regarding circulating strains and information necessary for the vaccine formulation for the following year's flu season. Also test results from representative samples collected during peak influenza activity, late in the season, and after a major influenza outbreak, may identify new variants that are just beginning to circulate in the community, helping to inform vaccine formulations for the following year.

References and Resources:

- <http://www.nj.gov/health/flu/preventflu.shtml>
- <http://www.cdc.gov/flu/>
- <http://www.who.int/csr/disease/influenza/en/>
- <http://www.cdc.gov/mmwr/>